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*#8 / Response*  
*Louman*  
*12/30/02*

Commissioner of Patents & Trademarks  
Technology Center  
Art Unit 3626  
Washington, DC. 20231

Attention: Examiner Christopher Gilligan

RE: First Office Action Response- Application 09/578,664

Inventor: William Reeves

Filing Date: 5/25/2000

Reply Date: 10/23/02

Dear Mr. Gilligan,

**RECEIVED**  
NOV 27 2002  
**GROUP 3600**

Thank you for the advice you have given me by telephone over the last few months in regards to this patent application and office action. I have carefully reviewed your office action comments and will respond point by point to each objection you raise. As an inventor with 12 US patent and 5 foreign patents I have been through this process before and I am confident that we can work together to resolve these issues and move my patent forward with its claims. As a small entity and business owner I would appreciate any help and advise you could give me during this process, I certainly do not claim to know everything about prosecuting patents in a pro se manner!

I will address each of your objections using the numbering you have used in your office action and in numerical order so that you may follow along easily. In presenting my arguments and counter points to the examiner I due so with all due respect to you. I would respectfully point out that in some instances in your citations that you are misinterpreting some of the prior art and their citations, and some of the claims and art of my citations (I elaborate on all these points in addressing the details of the examiners comments).

**General Comments about this patent application:**

I would like to point out to you that our small business has actually developed and is using a computer system (invention) as described within this patent application. We have also successfully marketed the product to hospitals and physicians offices so our invention is not an abstract idea but has real practical and useful applications.

I would also like to point out that this invention is related to 3 other patent applications (by me) that are in the process of issuing or being close to issuing with all claims intact: 09/288,437 09/583,336 and 09/597,107. The four patents, when combined, describe pieces of an overall invention system for the storage, carrying and wearing, and retrieval of personal emergency medical data and records.

The original intent of this invention, which is consistent with its present use in practical medical applications, was to describe a novel method and device for organizing and electronically sending condensed medical records in a medical emergency to an emergency room or trauma center.

There is a wealth of medical data and studies that show that when a person arrives in an Emergency Room in trauma they rarely (less than 7% of the time) have any medical records or medical history with them and the ER has no means of gaining access to such medical data in a medical emergency. The result is that 93% of the people treated in US emergency rooms are treated with no benefit of medical history, current prescriptions, prior medical tests and knowledge of the patient. This results in many serious medical errors in the form of severe drug interactions, misdiagnosis, and mistreatment of patients which result in serious long term illness, lengthy hospital stays and in some cases death. Considering the fact that there were 110 million visits in the ER in 2001 this is a serious problem in the health care system.

Therefore, one of the key phrases in the abstract of this application is "...to provide an edited or abbreviated medical chart for emergencies." The scope of my invention was originally very broad in nature, but I have subsequently tighten and focused the scope and my claims to focus primarily to address this shortfall in accessing medical records and data in a very rapid manner, during a medical emergency so such medical data can have a clinical significance in the proper treatment of the patient during the emergency (not afterwards when it is too late. I mention the use of such medical records in an emergency numerous times in the body of the patent and specifically: in the abstract, on page 2 line 24, on page 6 lines 10-30, on page 8 line 2, on page 9 line 2 ( all these citations refer to my original application text, not the corrected copy enclosed) It is also important to note that the medical records are tailored and organized to be most clinically beneficial to medical providers in a medical emergency- eg: prioritizing the data by severity of clinical condition and organizing in easy to read digital pages (all described in the original body of my patent, see pages 7 and 8. This emergency use application is a key point and will be used throughout my arguments herein that my invention is novel and unique from the prior art that you have compared it to.

### **Scope of my patent application and claims, Abstract**

In order to strengthen and better define the scope of my art, its practical applications in real life situations, to better define my claims, and to better differentiate my art from the prior art, I have make a number of small word and language changes to the abstract and claims which should achieve these objectives and strengthen my arguments herein to the examiner.

I also feel that I significantly short changed myself when I wrote my original claims. I have carefully re-reviewed my original application and concluded that numerous additional claims are warranted which are completely supported within the original body text and figures provided. As the examiner can see the primary text changes I have made are done to strengthen the application of the art with a focus towards the organization, storage, and rapid retrieval of original medical records, with unique patient identifiers and digital physician signatures, primarily for use in emergency medical situations.